

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005824

Entity Name: J.C.T. MANAGEMENT INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES, FL 33134 US

Current Mailing Address:

777 BRICKELL AVE
SUITE #190
MIAMI, FL 33131 US

New Principal Place of Business:

777 BRICKELL AVE
SUITE 1010
MIAMI, FL 33131 US

New Mailing Address:

777 BRICKELL AVE
SUITE 1010
MIAMI, FL 33131 US

FEI Number: 65-0550272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FABRE, FRANK R
717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FABRE, FRANK R
2310 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: FABRE, FRANK R S
Address: 717 PONCE DE LEON BLVD SUITE 234
City-St-Zip: CORAL GABLES, FL

Title: DPS () Delete
Name: HENRIQUEZ, MARIO
Address: 717 PONCE DE LEON BLVD SUITE 234
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: FABRE, FRANK R S
Address: 2310 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: DPS (X) Change () Addition
Name: HENRIQUEZ, MARIO
Address: 777 BRICKELL AVE SUITE 1010
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO HENRIQUEZ

DPS

03/24/2009

Electronic Signature of Signing Officer or Director

Date